Field Definitions, Format, and Document Verifications (Application Page 1)

* Agency must determine this field

FIELD NAME	FORMAT	DOCUMENTS	DEFINITION
Social Security Number	000-00-0000	YES	Number on applicant's SSN card
CAP	Code	*	The Department's code for the Agency
SAT	Code	*	The Department's code for the Satellite Office
Application Date	YYYY-MM-DD	*	Date application is completed
Last Name	Name	YES	Last name on SSN card
First Name	Name	YES	First name on SSN card
MI	Name	YES	Middle Initial on SSN card
Mailing Address	Name	YES	Address where mail is received
City	Name	YES	City of mailing address
State	ID	YES	State of mailing address
ZIP	#	YES	Postal Code of mailing address
Resident Address	Name	YES	Address where applicant lives
City	Name	YES	City of residential address
State	ID	YES	State of residential address
ZIP	#	YES	Postal Code of residential address
County	Name	*	County where participant lives
Code	Code	*	The Depatment's code for the county
Home Phone	(000) 000-0000	self declared	The applicant's home telephone
Other Phone	(000) 000-0000	self declared	A cell, message, or work number
Vendor Code	Code	*	The Department's code for a vendor
Fuel Supplier	Name	YES	Name of Energy Vendor
Account Number	#	YES	Account number on the utility bill
Household Members	Name	YES	Name of person that lives with applicant
Relationship	Code	self declared	Relation of HH member to applicant
Date of Birth	YYYY-MM-DD	self declared	DOB of a HH member
Soc. Sec. Number	000-00-0000	YES	Number on HH member's SSN card
Race	Code	self declared	Observed or stated race of HH member
Citizen	Code	self declared	Citizenship type of HH member
Disabled	(yes/no)	self declared	Disability status of a HH member
Gender	Code	self declared	Gender of a HH member
SSI	(yes/no)	YES	HH member receiving SSI?
Social Security	(yes/no)	YES	HH member receiving Social Security?
TAFI	(yes/no)	YES	HH member receiving TAFI?
Food Stamps	(yes/no)	YES	HH member receiving Food Stamps?
Farm Worker	Code	self declared	Type of farm work a HH member does
Education	Code	self declared	Grade completed by HH member >16
Employment	Code	self declared	Type of employment for a HH member >16
Veteran	(yes/no)	self declared	HH member >16 a military veteran?
Health Insurance	Code	self declared	Type of insurance a HH member has
Homeless	Code	self declared	Type of homeless person a person is
3 MO. Total Gross Income	$0.00	YES	Money received in the last three months
Number in Household	#	self declared	Total people living in the household
Number in EA Household	#	self declared	Total legal people living in household
Target	(yes/no)	*	Household is a special target?
Referral	(yes/no)	*	Applicant referred to another program?
Referral Resource	Name	*	Name of program the applicant is referred to
Approx. age of dwelling	#	self declared	Years since house was built

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FIELD NAME	FORMAT	DOCUMENTS	DEFINITION
1) Living Arrangements	Code	self declared	Type of ownership of dwelling
2) Heat Included in Rent?	(yes/no)	self declared	Paying rent pays for heating costs too?
3) Rent Subsidized?	(yes/no)	self declared	Government pays for part of rent?
4) Rent Amount?	$0.00	self declared	Monthly cost of renting
5) Housing Type	Code	self declared	Type of dwelling
6) Primary Heat	Code	YES	Fuel that is most used for heat in winter
6a) Secondary Heat	Code	self declared	Another fuel that is used for heat
7) Family Type	Code	self declared	Type of family